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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/828,790
Filing Date	4/21/2004
First Named Inventor	Igor Polyakov
Title	DERMATOCYCOSIS VACCINE
Art Unit	1645
Examiner Name	MINNIFIELD, NITA M
Attorney Docket Number	3-0400-5-C5
Examiner Name	MINNIFIELD, NITA M

I hereby revoke all previous powers of attorney given in the above-identified application.								
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Practitioner(s) named below:								
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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature	deen	mila	Tuno	at2	·		Date	11/12/2008
Name	Ludmilia						Telephone	
Title and Company								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
✓ *Total of 2	f	forms are submit	Ited.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Statement under	Jora os u Jer 37 CF	the entire interest. See 37 CFR 3. FR 3.73(b) is enclosed. (Form PT	7.71. TO/SB/96)				
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Title and Company	July ,	3804			Telephone	2	
NOTE: Signatures of all the i	inventors	s or assignees of record of the entire i	interest or their repr	esentative(s) are	required. Submit m	aultiple forms if more than one	
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